



FMTs treating injured in tent in Gorkha hospital



4.2 Million
AFFECTED



2.8 Million
DISPLACED



16 808
INJURED



8461
DEATHS

KEY HIGHLIGHTS

- WHO staff are providing support to District Health Offices (DHOs) in 14 affected districts in their work for coordination, surveillance and management of services.
- **Seventy-two** Foreign Medical Teams (FMTs) officially deployed through the Government of Nepal are working in the earthquake-affected districts. At least 59 FMTs have completed their task and are preparing to leave.
- Ongoing priorities are to manage the injured, increase presence in districts to support district response, restore primary health care services and provide rehabilitation support to patients discharged from hospitals.

SITUATION OVERVIEW

Situation update

- In Gorkha district, the focus is shifting from management of trauma injuries to resumption of the health services in the affected areas. District Disaster Relief Committee (DDRC) – inter-sectoral forum chaired by Chief District Officer at the district level to coordinate the response - has heightened efforts to restore the normal health services through tents and necessary supplies of drugs and human resources.
- As of 14 May 2015, a total of 59 FMTs have completed their task and are preparing to leave. Seventy-two FMTs officially deployed through Nepal Government are working in the earthquake-affected districts. The teams consist of a total of 1784 persons including 628 doctors and 396 nurses.
- Level 2 civilian and military Indian and Nepali teams have been attending to the victims in Charikot of Dolakha district at a field hospital and have seen at least 114 casualties.
- According to the Japanese team working in Barabise of Sindhupalchok district, road is blocked around field hospital. Japan International Cooperation Agency (JICA) team has been evacuated because of landslides and is now working in Dhulikhel Hospital Emergency department and will remain there until 18 May 2015.
- Today, MOHP jointly with the Chinese team is beginning a three day training course on communicable disease surveillance and response in post disaster situation. The participants are health workers from earthquake affected districts.
- MOHP has been coordinating with the Ministry of Home for the management of dead bodies. As of 15 May 2015, a total of 8187 out of 8233 dead bodies (including 79 from 12 May earthquake) have been handed over to families and relatives. The remaining 46 are being identified at Tribhuvan University Teaching Hospital.

- Hospitals in affected districts received increased patients with trauma injury on 14 May following the 7.3 earthquake on 12 May. Total numbers of patients treated per districts are tabulated below:

District	People treated on 14 May					Cumulative Cases				
	Treated	Admitted	Referred	Surgery - Major	Surgery - Minor	Treated	Admitted	Referred	Surgery - Major	Surgery - Minor
Bhaktapur	1073	89	0	2	6	22799	1172	430	71	329
Dhading	125	5	0	0	3	1613	367	163	14	512
Dolakha	60	25	32	0	20	700	45	44	0	50
Gorkha	1037	0	0	4	2	3813	64	137	10	26
Kathmandu	593	751	2	43	16	19599	8088	90	376	172
Kavre	0	0	0	0	0	11161	2108	8	428	2054
Lalitpur	14	165	0	9	0	2973	146	9	415	634
Makwanpur	212	0	3	0	0	2688	7	25	0	29
Nuwakot	2	2	0	0	0	5400	191	176	62	73
Okhaldhunga	15	12	0	0	2	1043	161	5	8	38
Ramechhap	425	0	1	0	0	4612	16	7	0	28
Rasuwa	59	2	0	0	0	1067	70	220	0	0
Sindhuli	353	2	2	1	7	3000	2	15	7	27
Sindhupalchok	249	9	11	0	39	20714	762	1491	32	2111
Total	4217	1062	64	59	95	101182	13199	2820	1423	6083

Source: Health Emergency Operation Centre/MOHP 14 May 2015

Public health concerns

- On 14 May, a suspected diarrhea outbreak was reported from Rasuwa district. The district health office has mobilized a rapid response team to the affected area. The details are awaited.
- The Mental Health sub-cluster has been mapping partners, providing mental health and psychosocial support to ensure better coordination and to avoid duplication of activities. The mapping will also help link partners providing psychosocial support to other partners who have provisions for providing care for mental health illness.
- Family Health Division of MOHP has identified focal agencies for coordinating Reproductive Health services at the district level for all 14 severely affected districts. The partners will coordinate with District Health Offices to begin RH services. The RH sub-cluster was established in Gorkha on 14 May, Sindhupalchok will shortly follow.

Health needs, priorities and gaps

- The capacity of health facilities to deliver health services has been severely impacted due to damaged infrastructure (according to 14 May MOHP report a total of 1038 health facilities - 358 completely and 680 partially have been damaged), the shortage of emergency drugs, and the heightened demand for post trauma and injury care. The current need is to support MOHP to continue the management of trauma and injuries as well as restoration of health services in affected districts.
- The ongoing efforts and priorities around management of trauma and injuries as well as rehabilitation of the health system continue in all affected districts.
- There is a need to restore the primary health care services, at least temporarily, in the

worst affected areas of the districts before the monsoon begins.

- Mapping of potential step down facilities as transit shelters for rehabilitation and nursing care is ongoing. There is generally a very limited or undetermined capacity in the worst affected district outside the Kathmandu valley. There remains an urgent need to identify step down centres in the most affected districts, including Dolakha, Gorkha, Nowakot and Sindhupalchok. The first priority is to identify existing facilities or structures in these regions that can serve as step down facilities for people with injuries.
- There is an ongoing need of tents for curative and maternity services for health facilities in all affected districts.
- WHO staff in all 14 affected districts are providing support to District Health Offices (DHOs) to coordinate ongoing response and enhance the surveillance of potential diseases outbreaks.
- WHO is printing national RH treatment protocols as posters in consultation with FHD and RH sub-cluster. The posters will be distributed to health facilities, partners and FMTs soon.
- The Injury Rehabilitation sub-cluster has identified a number of large step down facilities with rehabilitation and nursing available in the Kathmandu Valley, as well as several smaller locally led facilities. The main centres include: Cuban FMT at Kirtipur, Anandaban Hospital (Lalitpur) and Spinal Injury Rehabilitation Center (Bhaktapur). Green Pastures in Pokhara will accept complex rehabilitation patients from the West of the country, including spinal cord injury patients.
- The final draft of Nepal's post-earthquake communications plan (May-October 2015) is being presented to the National Health Education Information Communication Center (NHEICC) for endorsement. The plan was jointly drafted by partners, including Suaahara, Health for Life, John Hopkins University, Save the Children and UNICEF with input from WHO. The purpose of the plan is to communicate health risks with communities directly affected by the earthquake in 14 priority districts by focusing on interpersonal communications, dissemination of information and community mobilization through community volunteers. This includes frontline health workers and civil society organizations for the immediate 6 months period. The plan outlines the needs, stakeholders/audiences, strategic approaches, proposes activities to be implemented in the 6 months period and mechanisms for carrying out monitoring and evaluation.

WHO action

Funding and Donor Information

Funding requirements:

- The first Strategic Objective of the UN Flash Appeal is to prevent outbreaks of communicable diseases and provide immediate access to health services. The Health Cluster component of the Flash Appeal plans to respond to the most urgent health needs of 4.2 million people. The revised funding requirements for the Health Cluster amount to US\$ 42 million including US\$ 14.1 million for WHO.

Funding partners:

- WHO's humanitarian response to the Nepal earthquake has received support from the following contributors: Australia, Estonia, Finland, Norway, the Russian Federation, and UN Central Emergency Response Fund.

Background of the crises

A 7.8 magnitude earthquake struck Nepal on 25 April 2015 (11:56am local time), with the epicenter at Barpak Village Development Committee (VDC) in Gorkha district – some 81 km northwest of the capital city, Kathmandu. There were continued aftershocks throughout Nepal, with one shock reaching a magnitude of 6.7 on 26 April at 12:54 am local time.

Centuries-old buildings were destroyed at UNESCO World Heritage sites in the Kathmandu valley, including some at the Kathmandu Durbar Square, the Patan Durbar Square and

the Bhaktapur Durbar Square.

With the severe devastation of the earthquake, the Government of Nepal declared an emergency in the worst affected districts and requested for international humanitarian support on 26 April 2015.

A preliminary estimate indicates that more than 80% of houses in the 14 most affected districts¹ are severely damaged, creating huge mounds of rubble and debris impeding life-saving operations and access to affected areas.

More than 25 hospitals and more than 900 smaller facilities, predominantly village health posts which supply basic medicines and other routine services in remote communities outside the Kathmandu valley, were completely or partly damaged in the earthquake.

Since the 25 April disaster, at least 2.8 million people have been displaced because their houses have been destroyed or the fear that their houses may not be safe in the event of an aftershock. Many are living in precarious conditions, including makeshift camps in Kathmandu.

A new earthquake measuring 7.3 magnitude struck on 12 May at 12:50 local time. The epicenter was southeast of Kodari (Sindhupalchok District), 76 km northeast of Kathmandu – an area already affected by the 25 April quake. The initial quake was followed by several aftershocks including a 5.6 magnitude.

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¹ Bhaktapur, Dhading, Dolakha, Gorkha, Kathmandu, Kavre, Lalitpur, Makwanpur, Nuwakot, Okhaldhunga, Ramechhap, Rasuwa, Sindhuli and Sindhupalchok